

FOR ALL PERSONS AGED 15 YRS AND OVER	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
P19. What is the highest level of educational qualification <name> has achieved? 1. No school completed, 2. Primary leaving certificate, 3. Form 3 Certificate 4. Senior Secondary Certificate, 5. Diploma, 6. Some College without a degree, 7. Bachelor's degree 8. Master's Degree, 9. Doctoral degree, 10. Vocational 11. Other (specify). (FOR ANSWERS 1 to 4 GO TO P21)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="text"/>
P20. In what area/field/subject did <name> study? (write field of education eg. law, computing, engineering, etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P21. Does <name> smoke ? 1. Regular, 2. Sometimes, 3. Never, 4. No longer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
P22. Does <name> drink alcohol ? 1. Regular, 2. Sometimes, 3. Never, 4. No longer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
P23. Does <name> drink kava/yagona ? 1. Regular, 2. Sometimes, 3. Never, 4. No longer	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
P24. Did <name> use the internet in the last week? If "Yes" ask where this person used the internet and mark the main place in the box. If "No" GO TO NEXT QUESTION	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> At work 3 <input type="checkbox"/> Internet cafe 4 <input type="checkbox"/> Others	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> At work 3 <input type="checkbox"/> Internet cafe 4 <input type="checkbox"/> Others	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> At work 3 <input type="checkbox"/> Internet cafe 4 <input type="checkbox"/> Others	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> At work 3 <input type="checkbox"/> Internet cafe 4 <input type="checkbox"/> Others	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> At work 3 <input type="checkbox"/> Internet cafe 4 <input type="checkbox"/> Others	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> At work 3 <input type="checkbox"/> Internet cafe 4 <input type="checkbox"/> Others

Questions P25-P32 refer to last week	P25. During the last week , did <name> do any work ? If 'Yes' GO TO P27 If 'No' GO TO NEXT QUESTION	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	P26. During the last week , did <name> have a job at which he/she did not work ? If 'No' GO TO P30	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	P27. What type of work/activity does <name> usually do? <i>Work for pay : 1. Employee (government), 2. Employee (private), 3. Employer, 4. Self-Employed</i> 5. Voluntary work 6. Unpaid family work 7. Producing goods for sale 8. Producing goods for own consumption	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.
	P28. What is <name> main occupation ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	P29. What is the main industry <name> works in? (if possible state the name of the employer) If 'Head' GO TO Household section	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	P30. Did <name> actively look for work? If 'Yes' GO TO P32	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	P31. Why didn't <name> actively look for work? 1. Didn't want to work, 2. Full time homemaker, 3. Student, 4. Disabled, 5. Believe no work avail. 6. Retired/Old age, 7. Weather/ No transport 8. Other	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
P32. Was <name> available to work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

HOUSEHOLD AND HOUSING (If there are more than 6 people in HH, complete this section for 1st form ONLY)	
H1. Type of living quarters 1 <input type="checkbox"/> One family house detached 4 <input type="checkbox"/> Building with two or more HH which share a kitchen/toilet 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> One family house attached to one or more houses 5 <input type="checkbox"/> Dwelling attached to a shop or other non-residential building 3 <input type="checkbox"/> Building with two or more apartments 6 <input type="checkbox"/> Lodging house	H2. Housing and Lands a. Main house construction? 1. Permanent, 2. Local 3. Combination, 4. Other 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> b. House owner? 1. Government, 2. Council, 3. Private Own, 4. Private Rent, 5. Other 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> c. Right over land? 1. Own, 2. Government lease, 3. Private lease, 4. Personal agreement 5. Other 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> d. Age of building in years <input type="text"/>
H3. Main material used for: a. Construction of walls b. Construction of floor c. Construction of roof d. Number of rooms? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/>	Wood/Masonite 1 <input type="checkbox"/> Metal/iron/aluminum 2 <input type="checkbox"/> Concrete, cement, brick 3 <input type="checkbox"/> Traditional materials 4 <input type="checkbox"/> Other 5 <input type="checkbox"/>
H4. Does this household grow ? (Check box) near by <input type="checkbox"/> else-where <input type="checkbox"/> a. Breadfruit <input type="checkbox"/> b. Te bero <input type="checkbox"/> c. Babai <input type="checkbox"/> d. Te kaina <input type="checkbox"/> e. Banana <input type="checkbox"/> f. Coconut dwarf <input type="checkbox"/> g. Pawpaw <input type="checkbox"/> h. Coconut local <input type="checkbox"/> i. Sweet potatoes <input type="checkbox"/> j. Cabbage <input type="checkbox"/> k. Does this household cut toddy? <input type="checkbox"/> l. Other <input type="checkbox"/>	H5. Livestocks and pets ? local breed <input type="checkbox"/> cross breed <input type="checkbox"/> exotic <input type="checkbox"/> a. how many pigs does this HH have? <input type="text"/> b. how many chickens does this HH have? <input type="text"/> c. how many dogs ? <input type="text"/>

H6. CAPITAL GOODS : How many does this household own in good order? 1 <input type="checkbox"/> Car 2 <input type="checkbox"/> Motorbike 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Truck 5 <input type="checkbox"/> Bicycle 6 <input type="checkbox"/> Fridge/Freezer 7 <input type="checkbox"/> Gas stove 8 <input type="checkbox"/> DVD Deck 9 <input type="checkbox"/> Generator 10 <input type="checkbox"/> Cassette Player 11 <input type="checkbox"/> Radio 12 <input type="checkbox"/> CB Radio 13 <input type="checkbox"/> Mobile Phone 14 <input type="checkbox"/> Telephone 15 <input type="checkbox"/> Internet connection 16 <input type="checkbox"/> Computer 17 <input type="checkbox"/> TV screen with no TV connection 18 <input type="checkbox"/> TV screen with TV connection 19 <input type="checkbox"/> Solar system 20 <input type="checkbox"/> Boat 21 <input type="checkbox"/> Canoe 22 <input type="checkbox"/> Outboat engine 23 <input type="checkbox"/> Skiff (wa uoua) 24 <input type="checkbox"/> Fishing nets 25 <input type="checkbox"/> Water pump manual Kerosene stove 26 <input type="checkbox"/> Water pump solar 27 <input type="checkbox"/> Water pump electric 28 <input type="checkbox"/> te uu 29 <input type="checkbox"/> te maa 26 <input type="checkbox"/>	H7. Main form of Household solid waste disposal 1 <input type="checkbox"/> Road side point 2 <input type="checkbox"/> Community pile point 3 <input type="checkbox"/> Beach 4 <input type="checkbox"/> Sea 5 <input type="checkbox"/> Ground pit (te marua) 6 <input type="checkbox"/> Burn 7 <input type="checkbox"/> Other places
H8. Main source of cooking energy 1 <input type="checkbox"/> Copra mill residual 2 <input type="checkbox"/> Kerosene 3 <input type="checkbox"/> Wood/coconut shells 4 <input type="checkbox"/> Gas 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Electricity	H9. Main source of lightning 1 <input type="checkbox"/> Solar 2 <input type="checkbox"/> PUB power (electricity) 3 <input type="checkbox"/> Kerosene 4 <input type="checkbox"/> Own generator 5 <input type="checkbox"/> Other
H10. Main source of drinking water 1 <input type="checkbox"/> Rain water tank 2 <input type="checkbox"/> Pipe system (PUB) 3 <input type="checkbox"/> Open well water 4 <input type="checkbox"/> Protected well water 5 <input type="checkbox"/> Bottle water (shop) 6 <input type="checkbox"/> Other	H11. Main source of washing water 1 <input type="checkbox"/> Rain water tank 2 <input type="checkbox"/> Pipe system (PUB) 3 <input type="checkbox"/> Open well water 4 <input type="checkbox"/> Protected well water 5 <input type="checkbox"/> Other
H12. Does this household catch fish by? (1. Yes, 2.No) a. Collecting on ocean flat 1 <input type="checkbox"/> 2 <input type="checkbox"/> b. Collecting on reef flat 1 <input type="checkbox"/> 2 <input type="checkbox"/> c. Ocean fishing 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Reef fishing 1 <input type="checkbox"/> 2 <input type="checkbox"/> e. Net fishing 1 <input type="checkbox"/> 2 <input type="checkbox"/>	

H13. Main toilet facility 1 <input type="checkbox"/> Flush toilet pub system 2 <input type="checkbox"/> Flush toilet own septic 3 <input type="checkbox"/> Pit latrine 4 <input type="checkbox"/> beach 5 <input type="checkbox"/> Atollete/kamkamka 6 <input type="checkbox"/> Sea 7 <input type="checkbox"/> Bush 8 <input type="checkbox"/> Other	H14. Does this household have a seawall ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
H15. Does this household segregate (separate organic, inorganic and recyclable waste) its solid waste before collection by the council? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
H16. CASH INFLOW : Did any member of this HH receive cash in these ways in the last month? 1. Yes, 2. No a. Wages/salary 1 <input type="checkbox"/> 2 <input type="checkbox"/> b. Rent of building 1 <input type="checkbox"/> 2 <input type="checkbox"/> c. From seaman remittance 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Rent of land 1 <input type="checkbox"/> 2 <input type="checkbox"/> e. Sale of fish/crops/handicrafts 1 <input type="checkbox"/> 2 <input type="checkbox"/> f. Other remittances 1 <input type="checkbox"/> 2 <input type="checkbox"/> g. Own business (please specify) <input type="text"/>	
H17. Have any residents of this household died during the last 3 years ? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don't Know If 'Y' then provide details below: Sex Age Date of death 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	
If Female aged 15-49 at the time of death was she? 1. Yes, 2. No. 3. Don't know a. Pregnant 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> b. Giving birth 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> c. Within 6 weeks after pregnancy or childbirth 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Total persons enumerated in this HH Name Signature Date MALES <input type="text"/> Interview Completed (Enumerator) FEMALES <input type="text"/> Form Checked (Supervisor) TOTAL <input type="text"/> Form checked (Office editor)	